

Minutes from the Dental Advisory Committee (DAC) April 22, 2005
DMAS 11AM – 1PM
April 22, 2005

| DAC Members Present: | DAC Members Absent: |
|-----------------------------|----------------------------|
| Dr. Carl Atkins | Dr. Ann McDonald |
| Mr. Chuck Duvall | Dr. Ivan Schiff |
| Dr. Cynthia Southern | Dr. Joe Paget, Jr. |
| Dr. Frank Farrington | Ms. Linda S. Bohanon |
| Dr. Fred Hamer | Dr. Neil Morrison |
| Dr. Girish Banaji | Dr. Tegwyn Brickhouse |
| Dr. John Unkel | Dr. Vicki Tibbs |
| Dr. Karen Day | |
| Dr. Kristine Enright | |
| Dr. Lynn Browder | |
| Mr. Neal Graham | |
| Dr. Randy Adams | |
| Dr. Terry Dickinson | |
| Dr. Thomas Spillers | |
| Dr. Zachary Hairston | |

| DMAS Attendees | Doral Attendees |
|-----------------------|------------------------|
| Pat Finnerty | Steve Pollock |
| Dr. Steve Riggs | David Florsheim |
| Tom Edicola | Lori Muench |
| Bryan Tomlinson | |
| Mary Mitchell | |
| Tammy Driscoll | |
| Maryanne Paccione | |
| Rebecca Mendoza | |
| John Kenyon | |
| Carla Russel | |
| Steve Ford | |

Welcome/Introductions

Mr. Finnerty opened the meeting at 11:05 a.m. and introductions were made. Minutes from the September 29, 2004 meeting were voted on and approved as written.

A New Day in Dental

Mr. Finnerty introduced the theme for the meeting: that a new day was coming in the dental program where everything in the Medicaid Dental program would look different. He reported that there was good news on several fronts:

1. DMAS was able to get language in the 2005 Appropriations Act to transfer funds from Medical Services to Administrative Services and this greatly facilitated contracting with a Dental Benefit Administrator.
2. The procurement process to select the Dental Benefits Administrator (Doral) went well and Mr. Finnerty especially thanked Dr. Farrington and Dr. Browder for their help in the procurement process.
3. The 30 percent increase in fees was less than requested; however, it was also unprecedented when compared to previous dental fee increases or fee increases for other provider groups.
4. The DAC has become an integral part of the process of developing a new dental program.
5. There are other increases in the Virginia Department of Health's Budget for dental services, including funding for loan repayment, scholarships, increased salaries for dentists and funding for dental trailers.
6. There is language in the Appropriations Act which will permit drawing down federal funds to help the VCU residency program.

Mr. Chuck Duvall indicated that Mr. Finnerty had a lot to do with the increase in the dental fee and he urged the DAC to take advantage of what was possibly a short window to work with Mr. Finnerty on improving the Dental program. Mr. Duvall indicated that the success of the new dental program hinged on Doral's ability to effectively administer the program.

Dr. Dickenson reiterated that this was a "new day" in the Dental program and that the dentists had high expectations that Doral would administer the program well so that children would receive the dental services they deserved.

Introduction of Doral Dental

Steve Pollock, Chief Operating Officer for Doral Dental, provided an overview of Doral's qualifications to be the Dental Benefit Administrator. He highlighted some of the results that Doral has achieved in other states. Mr. Pollock also outlined the operational differences between the current dental program and the *Smiles for Children* program which will start on July 1, 2005. Lori Muench, Director of Client Services, briefly went over the timeline for hiring Doral staff which will be located in Virginia, indicating that Doral expected to have this staff in place by the middle of May.

Options for Implementing the 28 Percent Rate Increase

Dr. Riggs indicated that DMAS' goal was to standardize the way services are billed, making it more like commercial insurance. He said that many codes were moved from dental to medical codes. Dr. Riggs presented the following three options for implementing the rate increase and opened the floor for discussion of DMAS' proposal:

1. A 28 percent across-the-board increase for all codes.
2. A 23 percent across-the-board increase for all codes plus additional increases for selected codes.
3. An 18 percent across-the-board increase for all codes plus additional increases for selected codes.

Dr. Riggs indicated that DMAS wanted the DAC to choose one of the three options already presented, because it would be too complicated to try to make adjustments at this time to individual fees. It was pointed out that the DAC would have an opportunity to make further adjustments next year with the additional two percent increase.

Dr. Riggs indicated that all services were considered important, but that certain services had gotten a larger increase than others based on DMAS' belief that it was important to attract certain specialties: pedodontists, oral surgeons, and endodontists.

There was a show of support for the 28 percent across-the-board option because it would give the largest possible increase to all services and would be easier than picking and choosing among the codes. In further discussion, it appeared that there might be more support for Option 2. DMAS indicated that the difference between Option 2 and 3 was that Option 3 provided larger increases for specialty care in an effort to attract more specialists.

There was a motion to strike Option 1 which was seconded and approved on a voice vote.

After a brief discussion of the differences between options 2 and 3, there was a motion (which was seconded) to accept Option 2.

Discussion continued about the relative merits of Option 2 and 3. Two DAC members expressed their opinion that the additional fee increases for certain specialty codes under Option 3 would not do that much to attract additional specialists and did not justify decreasing all codes from 23 percent to 18 percent.

On a show of hands (with three absentee ballots also counted), the DAC voted 9 to 6 to accept Option 2 (a 23 percent across-the-board increase for all codes plus additional increases for selected codes).

Streamlining Prior Authorization/Pre-Payment Review

At the previous DAC meeting, the DAC requested that DMAS look at prior authorization requirements in a few other states in the region. DMAS staff stated that after reviewing the prior-authorization requirements of several states, it was clear that Virginia had the strictest prior authorization/pre-payment review requirements of any of the following states: West Virginia, Tennessee, North Carolina, and Alabama.

Dr. Riggs then presented a prior authorization proposal which eliminated many up front prior authorization requirements as feasible, bringing Virginia more into line with requirements of other states. This proposal was developed jointly by DMAS and Doral.

Discussion followed about hospitalization cases which would have to be sent to the MCO for approval for recipients in MCOs. One member indicated that this requirement mirrored what was done for commercial insurance and that it was easier for dentists to follow the same procedures for all their patients. The DAC requested changes for two codes. The requirement for Code D7270 (tooth re-implantation) was changed from “pre-op x-rays and narrative” to “narrative of need.” There was a request to drop the prior authorization requirement for D7241 (impaction, completely bony, surgical complications), but after some discussion the DAC agreed to keep the prior authorization requirement. DMAS staff indicated that the regulations would be worded in a general way to allow flexibility to make changes to the prior authorization requirements if needed.

The DAC approved the prior authorization proposal on a voice vote, with the one change mentioned above (changing the requirement for D7270 from requiring pre-op x-rays and narrative to only requiring a narrative of need).

There was a request to have DMAS provide one chart which would provide the prior authorization requirements as well as the fee as of July 1, 2005 for each dental service. DMAS agreed that this would be useful.

Streamlining Credentialing

Lori Muench, presented Doral’s proposal to streamline the credentialing process. Doral proposed the following process for currently contracted DMAS and Anthem providers:

- Doral will “grandfather” all current providers into the network upon verification of current licensure.
- “Grandfathered” providers will be reviewed in two years.
- Once credentialed, providers will be re-credentialed at three-year intervals.

Doral proposed that new providers, not currently contracted with DMAS, Anthem, or Doral will be credentialed via the following streamlined criteria:

- Malpractice claims history (for previous two-year or three-year cycle).
- Medicare/Medicaid sanction history (for previous two-year or three-year cycle).
- History of State licensing sanctions or reprimands for previous two-year or three-year cycle).
- Current licensure status.

The DAC adopted the Doral streamlined credentialing proposal without any opposition.

Timeline for Project Implementation

DMAS presented a summary project plan showing the major tasks that had already occurred or that needed to occur in order for Smiles for Virginia program to “go live” on July 1, 2005. In response to a question from the DAC, DMAS indicated that any outstanding claims from before July 1, 2005 would continue to be processed by entity currently processing and paying the claim.

Adjournment and Announcement of Next Meeting

The meeting was adjourned at 1:00 pm. The next DAC meeting was scheduled for June 24, 2005, from 11:00 am to 1:00 pm in the DMAS Board Room.